

UNHCR Monthly Protection Update Sexual and Gender Based Violence (SGBV) July 2019

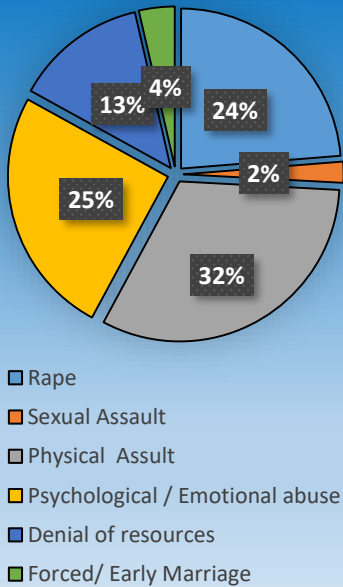


Key Figures

2685

Total incidents January - June

SGBV incidents Jan - July



SGBV interventions Jan-July 2019

| Interventions | Number | % |
|------------------------------|--------|-----|
| Safe House /Shelter | 48 | 2% |
| Health/Medical Services | 670 | 25% |
| Legal Assistance services | 1025 | 38% |
| Psychosocial Services | 2533 | 94% |
| Safety and Security Services | 465 | 17% |
| Livelihood Services | 426 | 16% |



Community structure in advocacy meeting on CFPU facilitating the meeting at Rwamwanja post SGBV prevention and response in Ntenungi police out post

Key highlights

- A total of 2685 (2206F/479M) SGBV incidents were reported between January and July 2019 from refugee hosting districts. In July 479 (436F/43M) incidents were reported, a 20% increase from the previous month where 50 cases involved child survivors. Physical assault (32%) remained the most prevalent form of SGBV reported, followed by rape (25%) psychological/emotional abuse (25%), denial of resources (10%), forced/early marriage (2%) and sexual assault (1%). Power dynamics in relationships continues to be the main contributing factor to SGBV, particularly Intimate Partner Violence. Most of the incidents are reported to have occurred in the night or evening hours at the hands of intimate partners. Delay in reporting has remained evident as recorded in the GBVIMS with 43% of cases being reported after more than one month. Survivors were mapped and provided with various support services including medical interventions, psychosocial counselling and support, material assistance and legal advice. As a

direct impact of the GBVIMS refresher training in Adjumani, Arua, Lamwo, Nakivale, Rwamwanja, there was a significant increase in use of GBVIMS by partners to capture anonymized SGBV data in the month of July. The improvements will enhance data analysis on reporting, response and identification of gaps in SGBV prevention and response.

- PSEA:** As part of implementing the National Action Plan for Mainstreaming SGBV, and specifically to mitigate SEA risks identified as one of the SGBV risks against school going children, a meeting was conducted generating a need for a protection risk assessment in all schools where the need for continuous sensitization and refresher trainings on PSEA for teachers and continued school awareness on safe learning environment and PSEA was highlighted. The sensitization and trainings are continuing in schools across the settlements. Learners are also sensitized on the reporting mechanisms through established PSEA focal points in the schools.

- Additionally, UNHCR facilitated a PSEA training for managers and HR officials from agencies working in Bidibidi attended by 59 participants aimed at identifying the PSEA procedures in place in various organizations, reviewing and generating an inter-agency community-based complaint mechanism for protection from sexual exploitation and abuse outlined in the Inter Agency PSEA National Action Plan.
- **Safe from the start Evaluation Mission in Uganda:** UNHCR hosted a support mission from DIP SGBV Section accompanied by independent consultants contracted by PRM to assess the impact of UNHCR interventions in Uganda. The evaluation focused on the progress, programmatic and operational changes that have been supported and prompted by SftS from 2013 to date and visited Adjumani, Arua and Kyangwali refugee settlements. During the visit, the mission conducted interviews with key stakeholders in prevention and response and key informant interviews with members of the refugee community across settlements who gave a very their perspectives on the impact of the SftS Initiative, most terming it as very impactful. The community engagement aspect was highlighted as a good practice in the implementation, which has made the projects initiated sustainable. The final report of the evaluation is awaited.
- **SASA! Phase III in Adjumani:** Rollout of SASA! Phase III is currently underway in Adjumani and as part of continuing rollout, 3-day mentorship workshops were held in Adjumani. SASA! Is an SGBV prevention and response methodology is designed to inspire effective community mobilization to prevent violence against women and HIV/Aids. Highlights from the sessions included engagement of men and boys in dialogue on survivor support initiatives and identification of recurring SGBV triggers impacting prevention and response initiatives.
- **Safety Audit:** A one-day training for Safety Audit data collection was conducted in Kyangwali refugee settlement and attended by 20 (8F/12M) volunteers. The purpose of the training was to equip the data collectors with knowledge on the basic concepts of data collection, data protection policies, information management, familiarization with Kobo collect tool

used in emergencies and principles for working with the community. In Bidibidi refugee settlement the mid-year safety audit aimed at assessing the protection risks within the settlement is being conducted by UNHCR and partners and commenced with a data collection exercise started with focus group discussions, Key informant interviews and observations across the settlement while report is expected by end of August.

- **Engaging men:** To strengthen male involvement in SGBV prevention, ARC conducted a 2 days male engagement mentorship session for 30 Male Action Group members intended to discuss the role of men in preventing violence against women. A further four-day TOT male engagement training was conducted in Nakivale and attended by 100 male community volunteers drawn from 21 groups. Similar capacity building sessions were conducted in Arua settlements benefiting 295 members from different Male Action Groups. Key topics such as gender, SGBV, gender roles and division of labour, agents of socialisation and fatherhood, and emphasized on self-reflection. At the end of the training action points were drawn to guide their work in the community. In Yumbe, male engagement EMAP sessions were held with 60 men and an additional three day mentorship meeting held with 33 male engagement members. 226 (100M/126F) EMAP participants graduated in the month.



Male engagement during training in Katalyeba Town Council hall in Rwamwanja Settlement

- **Women Centres:** During the month, 5,957 women and girls accessed the Women Centers of Imvepi and Rhino Camp Settlements. The activities they engaged in include psychosocial group counselling, sensitization on SGBV and referral pathways, knitting, tailoring, bakery, hair dressing, music and drama. Through these safe spaces, women hold

interactive and free discussions on several topics. This helps them to enhance their prevention, response and leadership skills.

- **Girl Shine:** IRC conducted 77 sessions of its Girl Shine methodology to address the barriers to development and education of girls aged 10-19, including violence, isolation, early marriage and other harmful traditional practices. 237 girls distributed discussed about social and emotional skills, stress management, power and trust. As a result, girls are learning how to control impulses, understand one's feelings and emotions, recognize healthy relationships and deal with challenges. Moreover, the IRC conducted four FGDs with 29 girls and their caregivers, to prepare a training on early marriage that was carried out for 8 protection staff and community volunteers.
- **Capacity building for SGBV Service Providers:** In Bidibidi, ARC with funding from BPRM conducted a three days SGBV response training for protection partners attended by 30 (15F/15M) staff, aimed at increasing knowledge and skills in SGBV case management. A further three-day specialized training was also conducted for 25 (18F/7M) health workers drawn from all the 13 Health centres within Yumbe District. The training aimed at strengthening capacities of Health workers to provide appropriated care and support to SGBV survivors. TPO conducted a training on Psychological First Aid (PFA) in Lobule settlement, benefitting 54 (26F/28M) staff of HADS, Police, OPM and members of SGBV-related Community Structures. The activity reinforced the skills that these actors must possess for identification, basic counselling and referral of survivors.
- **Capacity Building for community leaders:** A one-day training on leadership skills was facilitated for 51 women, with the aim of preparing them for the upcoming RWC elections. The sessions focussed on communication skills and public speaking, building self-esteem, record keeping and effective leadership among others. In the past, such sessions have been successful in bringing aspiring women leaders to the fore, in offering themselves for leadership positions, which is in line with UNHCR's commitment to increase women's participation in leadership.

- **SGBV sensitization and awareness:** Sessions were conducted across all refugee settlements reaching 49,016 (27,089M/21,927F) community members with key messages on SGBV topics. Using door to door sensitization, family/community dialogues, barazas, dance, drama, radio talk shows, mass campaigns as well as community parliament. SGBV Community dialogue meetings were conducted in Arua and Mahani B reception centre in Rwamanja refugee settlement. 72 (37M/35F) persons in total participated in both sessions. Interactive discussions on SGBV prevention, risk mitigation and response including emerging issues such as threatening violence, child roles and responsibilities, challenges at reception centers was discussed. In Yumbe, the campaign against pregnancy campaign continued across the settlement with activities such as school outreaches, community dialogues, sessions on parenting among others conducted reaching out to 545 (367F/178M) community members.

Challenges

- Underreporting of SGBV cases remains a major concern due to a variety of factors including stigma, shame, family reactions and dissolution, perception of SGBV as a private matter, or lack of confidence in reporting channels. Most survivors remain silent due to fear of reprisals and/or mistrust on getting supported if reported.
- Limited access to basic necessities including sufficient hygiene kits leads to negative coping strategies that increase the risk of SGBV.
- Access to justice for SGBV survivors is still a gap with inadequate knowledge and support for legal processes, logistical support to police for timely case management support and rejection of medical examination (PF3 filled) by non-governmental health facilities. This is exacerbated by the lack of understanding of Host Country Laws by survivors who perceive the style of justice as non-responsive to their needs. Some Refugee Welfare Council (RWC's) have also been noted to be going beyond their jurisdiction and managing cases outside their limits which further confuses the access to justice process. There is need for capacity building training for community leaders on case management

- Inadequate counselling space (outreach programme) for SGBV and other critical protection cases has been noted particularly in South West.

Strategy

- Using integrated programming to mainstream SGBV prevention and response into all sectors, in particular; shelter, WASH and child protection.
- Application of the SASA! Approach and the Zero Tolerance Village Alliance (ZTVA) to reduce the risk of SGBV in the settlements.
- In the Urban, UNHCR and InterAid Uganda continue to contribute to SGBV prevention and response through a multi sectoral strategy. However, stronger collaboration is required with some organizations such as JRS, RLP, CEDOVIP, ACTV and ActionAid Uganda that provide services linked to SGBV in Kampala with their own funding.
- In South West, refresher SGBV/GBV IMS training for the partner staff in the different locations of Rwamwanja, Ntoroko and Kyaka II settlements are planned for enhanced SGBV data management.
- Awareness raising, sensitization, and advocacy within communities to address under-reporting of GBV cases in communities, early reporting, witness to SGBV incidents, Court process and community responsibilities towards SGBV prevention and response.
- Training and capacity building of community-based committees/ groups implementing SGBV initiatives in community.
- Protection of refugees from sexual exploitation and abuse through intensifying community mobilization and sensitization.
- Improving outreach to refugees, including through mobile activities to ensure identification and safe referral of SGBV survivors and those at risk
- Strengthening key partnerships with UN agencies, NGOs, Government, and local communities to reinforce SGBV prevention, response and coordination mechanism.
- Promoting engagement of men and boys in SGBV prevention and response.
- SGBV prevention and response activities are pursued in close cooperation with UN agencies, NGO partners and the Government of Uganda.

UNHCR works to improve access to quality services in SGBV prevention and response, including:

- Providing safe environments for women and girls through mass communication, community mobilization, and establishment of Women Resource Centres as well as listening and counselling centres.
- Strengthening existing specialized services for SGBV survivors such as psychosocial, medical and legal services and support survivors to the same, adopting a survivor centred approach particularly intensifying psychosocial interventions for IPV (Intimate Partner Violence) survivors who may fall vulnerable to a variety of mental health issues and remain hidden.

UNHCR implementing partners

Government of Uganda, Humanitarian Initiative Just Relief Aid (HIJRA), Danish Refugee Council (DRC), Lutheran World Federation (LWF), International Rescue Committee (IRC), Humanitarian Assistance and Development Services (HADS), CARE International Care and Assistance for Forced Migrants (CAFOMI) and American Refugee Council (ARC), Inter Aid Uganda (IAU)

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